

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: GOOD HOPE MANOR MILWAUKEE PORT OF HOPE (0010586)

Address: 226 SPRING ST, PORT WASHINGTON, WI 53074

License Status: REGULAR

Licensed/Certified/Registered 11/01/2004

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0093335 **End Date:** 09/14/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007021 Served 09/22/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.035(7)	REGULATION OF CBRF		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL		
83.33(3)(b)2.d	MEDICATION STORAGE SHALL BE LOCKED		
83.33(3)(b)2.e	REFRIGERATED MEDICATION IN LOCKED BOX		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
83.53(2)(a)	DOORS EXCEPT PATIO DOORS		

Survey ID: 0092432 **End Date:** 04/24/2004 **Type:** INITIAL **Purpose:** SURVEY

Results: PROBATIONARY LICENSE ISSUED

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